

Case Number:	CM14-0014951		
Date Assigned:	02/28/2014	Date of Injury:	08/18/2003
Decision Date:	09/09/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 68 year old worker with a work injury on 03/18/2003. He complains of lower back pain. The pain is 5/10 in severity, but 8/10 when it worsens. The pain improves with Butrans, but worsens with lifting, twisting, repetitive movement, and prolonged driving. He denied problems with bladder or bowel movement, the pain does not radiate. The physical examination revealed guarding of his low back, palpable tenderness and spasms of the lower back. The straight leg test is negative. He has been diagnosed of Lumbar spondylosis without myelopathy. In dispute is his doctor's request for MRI of the lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 291. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: < American College of Occupational and Environmental Medicine (ACOEM), 3RD Edition, (2011) <Low Back Disorders >, page(s) <Online Edition, <http://apgi.acoem.org/Browser/ViewRecommendation.aspx?rcm=3433&text=MRI> >.

Decision rationale: The ACOEM guidelines recommend that MRI should be done in select individuals after failed conservative treatment with non-steroidal anti-inflammatory medications NSAIDS, aerobic exercise, other exercise, manipulation and acupuncture. There is no mention of the above measures in the documents reviewed, except for NSAIDS. Therefore, the request is not medically necessary.